

In re Application of: JOHN A. JAASKA, SR.

For: PIVOTABLE REAR SEAT ARMREST WITH INTEGRATED ENTERTAINMENT SYSTEM

Attorney Docket No: 10541-1837

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Date of Deposit: April 20, 2004

17236 U.S. PTO



042004

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Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

UTILITY PATENT APPLICATION TRANSMITTAL

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GILSON
& LIONE

17548 U.S. PTO
10/828748



Transmitted herewith is a new application under 37 C.F.R. §1.53(b), including the following elements and other papers:

1. Application including:
 - ☐ Application Data Sheet. See 37 CFR § 1.76.
 - ☒ Title page
 - ☒ Specification, including claims and Abstract (¹²~~16~~ pages) *MA*
 - ☒ Drawings (3 sheet(s))
 - ☐ Appendices:
 - ☐ Declaration (2 pages; ☐ Executed ☐ Unexecuted)
 - ☒ Combined Declaration and Power of Attorney (2 pages; ☐ Executed ☒ Unexecuted)
2. ☒ Information Disclosure Statement, including Form PTO-1449 (1 sheet), and any required copies
3. ☐ Assignment Recordation Cover Sheet, with fee and attached assignment to: _____
4. ☐ Power of Attorney (_____ pages; ☐ by inventor ☐ by Assignee identified in item #3 above)
5. ☐ Nonpublication Request under 35 USC §122(b)(2)(B)(i)
6. ☐ Other: _____
7. ☒ Return Postcard(s) 2.

8. Fee calculation:

☐ Applicant is a Small Entity.

Claims as Filed	Col. 1	Col. 2	Small Entity			Not a Small Entity	
For	No. Filed	No. Extra	Rate	Fee	or	Rate	Fee
Basic Fee				\$ 385	or		\$ 770
Total Claims	20-20	0	x\$9=	\$	or	x\$18=	\$
Independent Claims	2-3	0	x\$43=	\$	or	x\$86=	\$
Multiple Dependent Claims Present			+\$145=	\$	or	+\$290=	\$
*If the difference in col. 1 is less than zero, enter "0" in col. 2.			Total	\$	or	Total	\$ 770

9. Fee payment:

- ☐ A check in the amount of \$_____ to cover the filing fee is enclosed.
- ☒ Please charge my Deposit Account No. 23-1925 in the amount of \$770.00. A copy of this Transmittal is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication, or credit any overpayment, to Deposit Account No. 06-1500:
 - ☒ Any additional filing fees required under 37 CFR § 1.16.
 - ☒ Any patent application processing fees under 37 CFR §1.17.

10. CORRESPONDENCE ADDRESS: please recognize the correspondence address for this application as the address associated with the following Customer Number:

Customer No. 29074-Visteon/BHGL

11. PLEASE DIRECT all telephonic and facsimile communications to:

Hugo A. Delevie (tel: (734) 302-6000; fax: (734) 994-6331).

Respectfully submitted,

Hugo A. Delevie (Reg.No. 32,688)
Customer No. 29074 - Visteon/BHGL

April 20, 2004

Date